

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Children, Youth and Families
CMDP Title XIX
Eligibility Unit, Site Code 942C
P.O. Box 29202 • Phoenix, AZ 850038-9202

CMDP ENROLLMENT/APPLICATION FOR MEDICAL ASSISTANCE FUNDING

COMPLETE ALL SECTIONS

This application must be completed on behalf of every child in custody who is eligible for CMDP, within 3 days of the child's CMDP eligibility date. REPORT ALL CHANGES TO CMDP.

CHILD'S INFORMATION

CHILD'S NAME (<i>Last, First, M.I.</i>)				CASE NO.	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Placement		CHILD'S PLACEMENT ADDRESS (<i>No., Street, City, State, ZIP</i>)			
BIRTHPLACE (<i>City, State</i>)		DATE OF BIRTH	HOW VERIFIED	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ETHNICITY	SOC. SEC. NO.	HOW VERIFIED	CUSTODIAL AGENCY <input type="checkbox"/> AOC <input type="checkbox"/> DJC <input type="checkbox"/> DDD		
DATE OF MOST RECENT ENTRY INTO FOSTER CARE	TERMINATION DATE	REASON FOR TERMINATION <input type="checkbox"/> RTP <input type="checkbox"/> Detention <input type="checkbox"/> New Placement <input type="checkbox"/> Other _____			
TYPE OF PLACEMENT <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Relative <input type="checkbox"/> Other (<i>specify</i>)					
NAME OF PLACEMENT				AREA CODE AND PHONE NO.	
PROBATION/PAROLE OFFICER'S NAME (<i>First, Last</i>)				AREA CODE AND PHONE NO.	
SITE CODE (<i>If DDD</i>) OR MAILING ADDRESS (<i>If AOC/DJC</i>)					
IS THE CHILD PREGNANT <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, expected date of delivery:					
IS THE CHILD A U.S. CITIZEN <input type="checkbox"/> No <input type="checkbox"/> Yes If no, is the child a documented alien <input type="checkbox"/> No <input type="checkbox"/> Yes				ALIEN NO.	
MOTHER'S MAIDEN NAME (<i>Last, First, M.I.</i>)					
Deceased <input type="checkbox"/> No <input type="checkbox"/> Yes					
FATHER'S NAME (<i>Last, First, M.I.</i>)					
Deceased <input type="checkbox"/> No <input type="checkbox"/> Yes					

INCOME/RESOURCES

DOES THE CHILD HAVE ANY ASSETS/PROPERTY LISTED BELOW

☐ No ☐ Yes If yes, complete applicable type(s).

TYPE	FINANCIAL INSTITUTION	ACCOUNT NO.	AMOUNT
Checking Account			\$
Savings Account			\$
Trust Fund	DATE AVAILABLE		\$
Cash on Hand			\$
Stocks/Bonds			\$
Other (<i>specify</i>)			\$

IS THE CHILD EMPLOYED

☐ No ☐ Yes If yes, complete information below.

EMPLOYER'S NAME

CHILD IS EMPLOYED

☐ Full Time ☐ Part Time

EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)

AREA CODE AND PHONE NO.

MONTHLY GROSS INCOME (Including tips)

HOW OFTEN PAID

HOW VERIFIED

IS THE CHILD SELF-EMPLOYED

☐ No ☐ Yes If yes, complete information below.

TYPE OF BUSINESS	HOURS PER WEEK	MONTHLY GROSS INCOME	MONTHLY EXPENSES	HOW VERIFIED

IS THE CHILD A STUDENT REGISTERED IN SCHOOL

☐ No ☐ Yes If yes, CHILD is a ☐ Full Time ☐ Part Time student

HOW VERIFIED

DOES THE CHILD OR CUSTODIAL AGENCY RECEIVE ANY OF THE UNEARNED INCOME LISTED BELOW

☐ No ☐ Yes If yes, complete the applicable type(s).

TYPE	MONTHLY AMOUNT
Child Support	\$
VA	\$
Social Security	\$
Parental Assessment	\$
Other (specify)	\$

I certify that I have completed this application to the best of my knowledge.

APPLICANT OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

PLEASE route completed application to:

**CMDP Title XIX Eligibility Unit
Site Code 942C
P.O. Box 29202
Phoenix, AZ 85038-9202**

Direct any questions regarding this application to 602-351-2245 or 1-800-201-1795.